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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Americas Health Insurance Plans PAC (AHIP PAC) 601 Pennsylvania Avenue NW ADDRESS (number and street) Suite 500 South Building Check if different than previously DC 20004 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00106740 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 06 0 1 2008 06 30 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Robert Borchardt Type or Print Name of Treasurer Electronically Filed by Mr. Robert Borchardt 0 1 30 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

### SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

OF RECEIPTS AND DISBURSEMENTS

Page 2

R		0 6 0 1 Y Y Y Y Y 2 0 0 8	To: 0 6 3 0 7 2 0 0 8
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1		167489.76
	(b) Cash on Hand at Begining of Reporting Period	161291.69	
	(c) Total Receipts (from Line 19)	18994.01	162522.16
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	180285.70	330011.92
7.	Total Disbursements (from Line 31)	48108.72	197834.94
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	132176.98	132176.98
).	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

м м 0 6

From:

01

2008

To: 0 6

<sup>D</sup> 3 0

2008

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	s (other than loans) From: als/Persons Other		
Than P	olitical Committees nized (use Schedule A)	13517.81	74664.14
	temized	367.48	7580.14
(iii) TO	TAL (add es 11(a)(i) and (ii)	13885.29	82244.28
(b) Political	Party Committees	0.00	0.00
(such a	Political Committees s PACs) ontributions (add Lines	5000.00	79500.00
	),(b) and (c)) (Carry o Line 33, page 5)	18885.29	161744.28
	om Affiliated/Other ittees	0.00	0.00
3. All Loans Re	eceived	0.00	0.00
	ments Received Deperating Expenditures	0.00	0.00
	ebates, etc.) s to Line 37, page 5) Contributions Made	108.72	777.88
	andidates and Other nmittees	0.00	0.00
<ol> <li>Other Federal</li> <li>(Dividends, I</li> </ol>	al Receipts nterest, etc.)	0.00	0.00
	om Non-Federal and Levin Funds		
` '	leral Account chedule H3)	0.00	0.00
(b) Levin Fu	nds (from Schedule H5)	0.00	0.00
(c) Total Tra	ansfer (add 18(a) and 18(b)).	0.00	0.00
	ots (add Lines 11(d), 15, 16, 17, and 18(c))	18994.01	162522.16
Total Federa     (subtract Line)	I Receipts e 18(c) from Line 19)	18994.01	162522.16

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: (a) Shared Federal/Non-Federal		
,	Activity (from Schedule H4)  (i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(	(b) Other Federal Operating  Expenditures	108.72	834.94
(	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	108.72	834.94
22.	Transfers to Affiliated/Other Party		
23. (	CommitteesContributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committeeslndependent Expenditure	48000.00	196500.00
	(use Schedule E)	0.00	0.00
(	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
:6. l	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
-	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
(	(c) Other Political Committees (such as PACs)	0.00	0.00
(	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9. (	Other Disbursements	0.00	500.00
0.	Federal Election Activity (2 U.S.C 431(20))  (a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	48108.72	197834.94
2.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	48108.72	197834.94

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Total Contributions (other than loans) from Line 11(d), page 3)	18885.29	161744.28
Total Contribution Refunds (from Line 28(d))	0.00	0.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	18885.29	161744.28
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	108.72	834.94
Offsets to Operating Expenditures (from Line 15, page 3)	108.72	777.88
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	57.06

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one)   X   11a	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such				
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans F				
Full Name (Last, First, Middle Initial) James Balda			Date of Receipt	
Mailing Address 601 Pennsylvania A				
City <u>Washington</u>	State DC	Zip Code 20004-2601	Transaction ID: 110611-1  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		62.50	
Name of Employer America's Health Insurance Plans Receipt For:		n ber Services and Professiona Year-to-Date	al De	
Primary General Other (specify) ▼	riggiogalo	750.00		
Full Name (Last, First, Middle Initial) James Balda			Date of Receipt	
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500			06 30 7 2008	
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 270627-1  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	20004 2001	62.50	
Name of Employer America's Health Insurance Plans	Occupation VP Mem	n ber Services and Professiona	al De	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	1	
Other (specify) ▼		750.00		
Full Name (Last, First, Middle Initial) Carmella Bocchino	•		Date of Receipt	
Mailing Address 601 Pennsylvania Avenue Northwest South Building Suite 500			0 6 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 110611-2  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	20004 2001	208.33	
Name of Employer America's Health Insurance Plans Receipt For:	<del></del>	e Vice President, Clinical Aff		
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.96		
SUBTOTAL of Receipts This Page (optional	al)		333.33	

TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12 13 14 15 16		
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	Statements may not be sold or used by any person the name and address of any political committee to the C. (AHIP PAC)	n for the purpose of soliciting contributions		
Full Name (Last, First, Middle Initial) Carmella Bocchino  Mailing Address 601 Pennsylvania Av South Building Suite City Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Plans Receipt For:  Primary  Other (specify) ▼	Executive Vice President, Clinical Aff  Aggregate Year-to-Date ▼  2499.96			
Full Name (Last, First, Middle Initial) Christopher Booth  Mailing Address 10 Northstar Rise	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Pittsford	State Zip Code NY 14534			
FEC ID number of contributing federal political committee.	C 14334	Amount of Each Receipt this Period  1667.00		
Name of Employer The Lifetime Healthcare Companies (for Receipt For: Primary General Other (specify) ▼	Occupation EVP, Corporate General Counsel  Aggregate Year-to-Date   1667.00			
Full Name (Last, First, Middle Initial) Robert Borchardt	Date of Receipt			
Mailing Address 601 Pennsylvania Av South Building, Suite	500	06 15 2008		
City Washington	State Zip Code DC 20004-2601	Transaction ID: 110611-3  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	25.00		
Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼	Occupation Senior Vice President Finance & Oper Aggregate Year-to-Date  300.00	rat		
		1900.33		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 42 (check only one)    X
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma le name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA			
ب ۱.	Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
	Mailing Address 601 Pennsylvania Avo South Building, Suite	06 30 7 2008		
	City Washington	State DC	Zip Code	Transaction ID: 270627-3
	FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period  25.00
	Name of Employer America's Health Insurance Plans	Occupation Senior V	n ice President Finance & Ope	erat
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Dianne Bricker			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500			06 15 7 9 9 9
	City State Zip Code			Transaction ID: 110611-4
	Washington  FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans	Occupation Regional	n   Director	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.04	
	Full Name (Last, First, Middle Initial) Dianne Bricker			Date of Receipt
	Mailing Address 601 Pennsylvania Avo South Building, Suite		est	06 30 7 2008
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 270627-4  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004 2001	41.67
	Name of Employer America's Health Insurance Plans	Occupation Regional	n I Director	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.04	
5	SUBTOTAL of Receipts This Page (optional)			108.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16 17			
or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	AC (AHIP PAC)				
Full Name (Last, First, Middle Initial) Francie Burkhart Mailing Address 601 Pennsylvania Av	vanua Narthurat	Date of Receipt			
o or romognamarn	Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500				
City	State Zip Code	Transaction ID: 110611-6			
Washington	DC 20004-2601	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	125.00			
Name of Employer America's Health Insurance Plans	Occupation Director Political Affairs				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	1500.00				
Full Name (Last, First, Middle Initial) Francie Burkhart	Date of Receipt				
Mailing Address 601 Pennsylvania Av South Building, Suite	0 6 3 0 7 2 0 0 8 Transaction ID: 270627-6				
City	·				
Washington	DC 20004-2601	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	125.00			
Name of Employer America's Health Insurance Plans	Occupation Director Political Affairs				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	1500.00				
Full Name (Last, First, Middle Initial) Winthrop Cashdollar		Date of Receipt			
South Building, Suite	Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500				
City	State Zip Code	Transaction ID: 110611-8			
Washington	DC 20004-2601	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	62.50			
Name of Employer America's Health Insurance Plans	Occupation Executive Director Product Policy				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	625.00				
SUBTOTAL of Receipts This Page (optional)		312.50			
TOTAL This Period (last page this line number	·				

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 42 (check only one)    X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Winthrop Cashdollar  Mailing Address 601 Pennsylvania Aven South Building, Suite 50	00		Date of Receipt  0 6 3 0 2 0 0 8
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 270627-8  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		62.50
	Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼		e Director Product Policy Year-to-Date  625.00	]
- 3.	Full Name (Last, First, Middle Initial) Yvonne Chanatry  Mailing Address 1276 N Wayne Street Apt. 1223			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City	State	Zip Code	Transaction ID: 110611-9
	Arlington	VA	22201-5857	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	<sup>n</sup> sident, Marketing and Graph	ics
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 999.96	
	Full Name (Last, First, Middle Initial) Yvonne Chanatry  Mailing Address 1276 N Wayne Street Apt. 1223			Date of Receipt  0 6 3 0 2 0 0 8
	City	State	Zip Code	Transaction ID: 270627-9
	Arlington  FEC ID number of contributing federal political committee.	C	22201-5857	Amount of Each Receipt this Period 83.33
	Name of Employer America's Health Insurance Plans Receipt For:		n sident, Marketing and Graph Year-to-Date ▼	ics
	Primary General Other (specify) ▼		999.96	
	SUBTOTAL of Receipts This Page (optional)			229.16

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
Americas Health Insurance Plans P	AC (AHIP PAC)			
Full Name (Last, First, Middle Initial) Gregory Dean  Mailing Address 601 Pennsylvania A	wanua Northwaet	Date of Receipt		
South Building, Suite	e 500	06 15 2008		
City Washington	State Zip Code DC 20004-2601	Transaction ID: 110611-10  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	62.50		
Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼	Occupation Ex Dir of AHIPs Learning & Resource Aggregate Year-to-Date ▼  750.00	Ce		
Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania A	Date of Receipt			
South Building, Suite	0 6 3 0 2 0 0 8 Transaction ID: 270627-10			
City Washington	City State Zip Code Washington DC 20004-2601			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 62.50		
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation Ex Dir of AHIPs Learning & Resource Aggregate Year-to-Date ▼  750.00	Ce		
Full Name (Last, First, Middle Initial) Jill Dowell		Date of Receipt		
Mailing Address 601 Pennsylvania A				
City <u>Washington</u>	State Zip Code DC 20004-2601	Transaction ID: 110611-12		
FEC ID number of contributing federal political committee.	C 20004-2001	Amount of Each Receipt this Period 83.33		
Name of Employer America's Health Insurance Plans	Occupation VP, Federal Affairs			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96			
SUBTOTAL of Receipts This Page (optional	)	208.33		
TOTAL This Period (last page this line numb	·			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 42 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	Statements may not be sold or used by any personal tename and address of any political committee to C (AHIP PAC)	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jill Dowell  Mailing Address 601 Pennsylvania Av South Building, Suite		Date of Receipt  0 6 3 0 2 0 0 8
City	State Zip Code	Transaction ID: 270627-12
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period  83.33
Name of Employer America's Health Insurance Plans Receipt For:  ☐ Primary ☐ General Other (specify) ▼	Occupation VP, Federal Affairs  Aggregate Year-to-Date ▼  999.96	
Full Name (Last, First, Middle Initial) Zeke Duda Mailing Address 23 Old Westfall Dr		Date of Receipt  0 6 0 2 2 0 0 8
City	Transaction ID: cb81d26e047d8fa34a0	
Rochester	NY 14625-1045	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1667.00
Name of Employer Lifetime Healthcare Compa- nies	Occupation Senior Executive VP and CFO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1667.00	
Full Name (Last, First, Middle Initial) Jeffrey Gabardi		Date of Receipt
Mailing Address 601 Pennsylvania Av South Building, Suite	500	06 15 2008
City	State Zip Code DC 20004-2601	Transaction ID: 110611-13
Washington  FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period  125.00
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, State Affairs	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (optional)		1875.33
TOTAL This Period (last page this line number	er only)	

	OULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 42 (check only one)    X
or for com	nation copied from such Reports and Sta mercial purposes, other than using the r OF COMMITTEE (In Full) icas Health Insurance Plans PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Jeffrey	ame (Last, First, Middle Initial) Gabardi Address 601 Pennsylvania Aven South Building, Suite 50	ue Northwe	est Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
Wash FEC II	nington  O number of contributing political committee.	DC	20004-2601	Amount of Each Receipt this Period  125.00
<u>Plans</u> Receip	of Employer ca's Health Insurance of For:  Primary General  Other (specify)		nice President, State Affairs e Year-to-Date	
Joni H	ame (Last, First, Middle Initial) ong Address 601 Pennsylvania Aven S Building Suite 500	ue Northwe	est	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC II	nington  O number of contributing political committee.	State DC	Zip Code 20004-2601	Transaction ID: 110611-16  Amount of Each Receipt this Period  20.83
Amerio <u>Plans</u> Receip	of Employer ca's Health Insurance  of For:  Orimary General  Other (specify)	-	n ssociate Counsel, Special Pr e Year-to-Date ▼ 249.96	<u></u> <u>'Oj</u>
Joni He	Full Name (Last, First, Middle Initial) Joni Hong Mailing Address 601 Pennsylvania Avenue Northwest		Date of Receipt  0 6 3 0 7 2 0 0 8	
	S Building Suite 500  sington  D number of contributing	State DC	Zip Code 20004-2601	Transaction ID: 270627-16  Amount of Each Receipt this Period
federa	political committee.  of Employer ca's Health Insurance	Occupatio Senior A	n ssociate Counsel, Special Pr	20.83 roj
Receip	ot For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 249.96	
SUBTOT	AL of Receipts This Page (optional)			166.66

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 42 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements may he name and add	ly not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	AC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Donna Horoschak			Date of Receipt
Mailing Address 601 Pennsylvania Av South Building, Suite		est	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 110611-17
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance	Occupation		
Plans Receipt For:	<del></del>	sident, Product Polcy	$\dashv$
Primary General	Aggregate	Year-to-Date ▼	1
Other (specify) ▼		999.96	]
Full Name (Last, First, Middle Initial) Donna Horoschak			Date of Receipt
Mailing Address 601 Pennsylvania Av South Building, Suite		est	06 30 7 2008
City	State	Zip Code	Transaction ID: 270627-17
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, Product Polcy	7
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 999.96	
Full Name (Last, First, Middle Initial) Scott Keefer	l		Date of Receipt
Mailing Address 601 Pennsylvania Av South Building, Suite		est	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 110611-19
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Director	n of Policy Development	7
Receipt For:	<del> '</del>	Year-to-Date ▼	7
Primary General Other (specify) ▼	55 5 5	500.04	
			208.33

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Scott Keefer	, (AIIII 1 AC	J)	Date of Receipt
	Mailing Address 601 Pennsylvania Aver South Building, Suite 5	nue Northwe		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City <u>Washington</u>	State DC	Zip Code 20004-2601	Transaction ID: 270627-19  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼		on of Policy Development e Year-to-Date ▼ 500.04	
- В.	Full Name (Last, First, Middle Initial) David Klein Mailing Address 165 Court Street			Date of Receipt
	City	State	Zip Code	0 6 0 2 2 0 0 8 Transaction ID: 499e09bad268c11e99b
	Rochester  FEC ID number of contributing	C	14647-0001	Amount of Each Receipt this Period 2000.00
	federal political committee.  Name of Employer	Occupation	on	
	The Lifetime' Héalthcare Companies (for	Presiden	nt & CEO	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
- C.	Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
	Mailing Address 601 Pennsylvania Aver South Building, Suite 5			0 6 1 5 2 0 0 8
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 110611-21  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2000 - 2001	41.67
	Name of Employer America's Health Insurance Plans	Occupation Senior V	on l'ice President, Clinical Affair	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.04	
	SUBTOTAL of Receipts This Page (optional)			2083.34
f	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 16/42   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans F	PAC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
Mailing Address 601 Pennsylvania A South Building, Suit		est	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 270627-21
Washington  FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	<del></del>	ice President, Clinical Affair  Year-to-Date   500.04	1
Full Name (Last, First, Middle Initial) Larry Larson  Mailing Address 601 Pennsylvania A S Building Suite 500		est	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 110611-22
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupation Director,	n Operations and Claims	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 249.96	
Full Name (Last, First, Middle Initial) Larry Larson			Date of Receipt
Mailing Address 601 Pennsylvania A S Building Suite 500		est	06 30 7 2008
City	State	Zip Code	Transaction ID: 270627-22
Washington  FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period  20.83
Name of Employer America's Health Insurance Plans		Operations and Claims	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.96	
SUBTOTAL of Receipts This Page (optional	J(li		83.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 42 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC	(AHIP PAC	C)	
Full Name (Last, First, Middle Initial) Jeff Lemieux			Date of Receipt
Mailing Address 601 Pennsylvania Aver South Building, Suite 5		est	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 110611-23
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer America's Health Insurance	Occupatio		7
<u>Plans</u>		nter for Health Policy & Rese	at
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Jeff Lemieux	l .		Date of Receipt
Mailing Address 601 Pennsylvania Aver South Building, Suite 5		est	0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 270627-23
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer America's Health Insurance Plans	Occupatio SVP, Ce	n nter for Health Policy & Rese	ar
Receipt For:  Primary General  Other (specify)	Aggregate	e Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Kevin McCarthy			Date of Receipt
Mailing Address 2211 Congress St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: d9eeb1462d8ee431f4
Portland	ME	04122-0002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer Unum Group	Occupatio Presiden		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional)		<b></b>	2250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 42 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans F	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania A	Vonue Northwe	pet	Date of Receipt
South Building, Sui		Zip Code	0 6 1 5 2 0 0 8  Transaction ID: 110611-29
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director Product Policy	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania A	Avenue Northwe	act	Date of Receipt
South Building, Sui		55l	06 30 2008
City	State	Zip Code	Transaction ID: 270627-29
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer America's Health Insurance	Occupation	n e Director Product Policy	
<u>Plans</u> Receipt For:		Year-to-Date ▼	
Primary General Other (specify)	33 13411	240.00	
Full Name (Last, First, Middle Initial) Julie Miller			Date of Receipt
Mailing Address 601 Pennsylvania A S Building Suite 50		est	06 15 7 9 9 9
City	State	Zip Code	Transaction ID: 110611-31
Washington FEC ID number of contributing	C	20004-2601	Amount of Each Receipt this Period  25.00
federal political committee.	Occupation	<u> </u>	_
Name of Employer America's Health Insurance Plans	Senior As	ssociate Counsel	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1
Cities (obecity)	0 0	0 0 0 0 0 0 0	
SUBTOTAL of Receipts This Page (optional			65.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  Any information copied from such Reports an	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 42 (check only one)    X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans I	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Julie Miller		Date of Receipt
Mailing Address 601 Pennsylvania A S Building Suite 50		06 30 2008
City	State Zip Code	Transaction ID: 270627-31
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Martin Mitchell	I	Date of Receipt
Mailing Address 601 Pennsylvania A South Building Suit		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 110611-33
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation Director Product Policy	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	
Full Name (Last, First, Middle Initial) Martin Mitchell		Date of Receipt
Mailing Address 601 Pennsylvania A		0 6 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 270627-33
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation Director Product Policy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	249.96	
SURTOTAL of Receipts This Page (option)	al)	66.66

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 42 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	PAC (AHIP PAC	<del>(</del> )	
Full Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt
Mailing Address 601 Pennsylvania A South Building, Suit		est	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 110611-34
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance	Occupation	n e Director	
Plans Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	750.00	
Full Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt
Mailing Address 601 Pennsylvania A South Building, Suit		est	06 30 7 2008
City	State	Zip Code	Transaction ID: 270627-34
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt
Mailing Address 601 Pennsylvania A South Building, Suit		est	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 110611-35
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		116.16
Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident Strategic Communica	ti <b>q</b> n
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1393.92	
			241.16

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>L</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 21 / 42   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may	not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	the name and add	areas or arry pointed committee to	Solicit Contributions from such Committee.
Americas Health Insurance Plans F	PAC (AHIP PAC	<b>(3)</b>	
Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt
Mailing Address 601 Pennsylvania A South Building, Suit	te 500		06 30 7 2008
City	State	Zip Code	Transaction ID: 270627-35
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		116.16
Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident Strategic Communica	tiqn
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1393.92	
Full Name (Last, First, Middle Initial) Richard Ramsay			Date of Receipt
Mailing Address 601 Pennsylvania A South Building, Suit		est	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 110611-36
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, State Advocacy	7
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		999.96	]
Full Name (Last, First, Middle Initial) Richard Ramsay			Date of Receipt
Mailing Address 601 Pennsylvania A South Building, Suit		est	06 30 7 2008
City	State	Zip Code	Transaction ID: 270627-36
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, State Advocacy	7
Receipt For:		Year-to-Date ▼	7
Primary General	33 13411		1
Other (specify) ▼		999.96	
	•		282.82

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  Americas Health Insurance Plans PAC (AHIP PAC)  Full Name (Last, First, Middle Initial) Ingrid Reeves  Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500  City State Zip Code Washington DC 20004-2601  FEC ID number of contributing federal political committee.  C 20.  City State Sip Code Washington DC 20004-2601  Full Name (Last, First, Middle Initial) Ingrid Reeves  Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500  City State Zip Code Washington DC 20004-2601  FEC ID number of contributing federal political committee.  C 20.  Transaction ID: 270627-38  Amount of Each Receipt this Peric  Amount of Each Receipt this Peric  C 20.  Transaction ID: 270627-38  Amount of Each Receipt this Peric  C 20.  Vanne of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ 249.96  Date of Receipt  Transaction ID: 270627-38  Amount of Each Receipt this Peric  Date of Receipt  C 20.  Value of Receipt  Amount of Each Receipt this Peric  Value of Receipt  Transaction ID: 270627-38  Amount of Each Receipt this Peric  Date of Receipt  Date of Rec	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500  City Sushington DC 20004-2601  Name of Employer America's Health Insurance Plans Receipt For:    Date of Receipt For:   Other (specify) ▼   Other (specify) ▼   Occupation	or commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)	me and address of any political committee to	n for the purpose of soliciting contributions
Transaction ID: 110611-38  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼  Primary General Occupation Executive Director of Membership Receipt Times of the plans and the plans of the plans and the plans are plans.  Pagregate Year-to-Date ▼  Primary General Occupation Executive Director of Membership Receipt Times of the plans of	Ingrid Reeves  Mailing Address 601 Pennsylvania Avenue		M M / D D / Y Y Y Y
Name of Employer America's Health Insurance Plans Receipt For:	City  Washington  FEC ID number of contributing	State         Zip Code           DC         20004-2601	Transaction ID: 110611-38  Amount of Each Receipt this Period  20.83
Date of Receipt   Mailing Address   Goth Pennsylvania Avenue Northwest   South Building, Suite 500	Name of Employer America's Health Insurance Plans Receipt For: Primary General	Occupation Executive Director of Membership Aggregate Year-to-Date ▼	
Washington  DC 20004-2601  Amount of Each Receipt this Peric  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General Other (specify) ▼  City State Zip Code Washington  FEC ID number of contributing federal political committee.  Name of Employer Amount of Each Receipt this Peric  Date of Receipt  M M O D D O D O D O D O D O D O D O D O	Ingrid Reeves  Mailing Address 601 Pennsylvania Avenue		M M / D D / Y Y Y
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500  City State Zip Code Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  C Cupation  Executive Director of Membership  Aggregate Year-to-Date ▼  Date of Receipt  M M M / D D D / 2 0 0  Transaction ID: 110611-39  Amount of Each Receipt this Peric  31.  Name of Employer America's Health Insurance Plans Receipt For: Primary General	Washington FEC ID number of contributing	DC 20004-2601	Transaction ID: 270627-38  Amount of Each Receipt this Period  20.83
Date of Receipt  Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500  City State Zip Code Washington DC 20004-2601  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Primary General  Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Name of Employer America's Health Insurance Plans Receipt For: Primary General	Occupation Executive Director of Membership Aggregate Year-to-Date	
South Building, Suite 500  City State Zip Code Washington DC 20004-2601  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Primary General  O 6 1 5 2 0 0  Transaction ID: 110611-39  Amount of Each Receipt this Perical 31.	Bob Rehm .	Neghbores	<b>⊣</b>
Washington  DC 20004-2601  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General  Amount of Each Receipt this Period  Occupation Vice President, Public Health & Clinic  Aggregate Year-to-Date ▼	South Building, Suite 500		06 15 2008
Plans  Receipt For:  Primary  General  Vice President, Public Health & Clinic  Aggregate Year-to-Date  375.00	Washington FEC ID number of contributing	DC 20004-2601	Amount of Each Receipt this Period  31.25
	Plans Receipt For: Primary General	Vice President, Public Health & Clinic Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	JBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	72.91

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 42 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persor the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans P.	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania A	vonuo Northwoot	Date of Receipt
South Building, Suite		06 30 2008
City	State Zip Code	Transaction ID: 270627-39
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.25
Name of Employer America's Health Insurance	Occupation Vice President, Public Health & Clinic	
Plans Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) Lisa Shreve		Date of Receipt
Mailing Address 12149 Darnley Road	I	06 15 7 4 4 4 4
City	State Zip Code	Transaction ID: 110611-40
Woodbridge	VA 22192-6615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, Professional Pr	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.04	
Full Name (Last, First, Middle Initial) Lisa Shreve		Date of Receipt
Mailing Address 12149 Darnley Road	<u> </u>	06 30 7 2008
City	State Zip Code	Transaction ID: 270627-40
Woodbridge	VA 22192-6615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, Professional Pr	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.04	
SUBTOTAL of Receipts This Page (optional)		114.59
TOTAL This Period (last page this line numb	<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor commercial purposes, other than using the	tatements may name and add	y not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC	(AHIP PAC	<del>(</del> )	
Full Name (Last, First, Middle Initial) Scott Styles			Date of Receipt
Mailing Address 601 Pennsylvania Aver South Building, Suite 5		est	0 6 1 5 2 0 0 8
City	State	Zip Code	Transaction ID: 110611-41
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		204.35
Name of Employer America's Health Insurance	Occupation		
<u>Plans</u>		vernment Affairs	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2452.20	
Full Name (Last, First, Middle Initial) Scott Styles			Date of Receipt
Mailing Address 601 Pennsylvania Aver South Building, Suite 5		est	M M / D D / Y Y Y Y Y O S O S O S O S O S O S O S O
City	State	Zip Code	Transaction ID: 270627-41
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		204.35
Name of Employer America's Health Insurance Plans	Occupation SVP, Go	n vernment Affairs	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2452.20	
Full Name (Last, First, Middle Initial) Jonathan Tilton			Date of Receipt
Mailing Address 601 Pennsylvania Aver South Building, Suite 5		est	0 6 1 5 2 0 0 8
City	State	Zip Code	Transaction ID: 110611-43
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupation Deputy D	n Director, Strategic Communic	a <b>l</b> i
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	229.13	
SUBTOTAL of Receipts This Page (optional)		·····	429.53

Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500  City Washington DC 20004-2601  FEC ID number of contributing federal political committee.  Name of Employer Americas Health Insurance Plans Receipt For: Primary General Other (specify) ▼	SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 42 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Full Name (Last, First, Middle Initial) Michael Turlin Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500 City	or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500  City Washington DC 200042601  FEC ID number of contributing federal political committee.  Full Name (Last, First, Middle Initial) Milane of Employer Americas Health Insurance Plans Secopt For Americas Health Insurance Plans Recopt For Americas Recopt For Americas Health Insurance Plans Recopt For Americas Recopt For Americas Health Insurance Plans Recopt For Americas Recopt For Americas Health Insurance Plans Recopt For Americas Recopt For Americas Health Insurance Plans Recopt For Americas Recopt For Americas Health Insurance Plans Recopt For Americas Recopt For Americas Health Insurance Plans Recopt For Americas Recopt For Americas Health Insurance Plans Recopt For Americas Recopt For Americas Health Insurance Plans Recopt For Americas Recopt For Americas Health Insurance Plans Recopt For Americas Recopt For Americas Health Insurance Plans Recopt For Americas Recopt For Americas	Americas Health Insurance Plans F	PAC (AHIP PAC)	
South Building, Suite 500  City Washington  Name of Employer America's Health Insurance Primary General Other (specify) ▼  Name of Employer America's Health Insurance  Receipt For: Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Name of Employer America's Health Insurance  Primary General Other (specify) ▼  City Washington  City State Zip Code Transaction ID: 270627-45  Amount of Each Receipt this Period  Date of Receipt Transaction ID: 270627-45  Amount of Each Receipt this Period  Date of Receipt Transaction ID: 270627-45  Amount of Each Receipt Machine Initial)  Date of Receipt Transaction ID: 270627-45  Amount of Each Receipt Transaction ID: 110611-46  Amount of E	Michael Tuffin	Avenue Mesthorest	<b>─</b>
Washington  DC 20004-2601  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans.  Recorpt For: Pirmary General Other (specify) ▼ 2499.96  Full Name (Last, First, Middle Initial) Michael Tuffin  Maing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500  City State Zip Code Secutive Vice President  Recorpt For: Primary General Other (specify) ▼ 2499.96  Date of Receipt  W 2 200.33  Date of Receipt  W 2 200.83  Transaction ID: 270627-45  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Receipt For: Primary General Other (specify) ▼ 2499.96  Tell Name (Last, First, Middle Initial)  Name of Employer Americal Health Insurance Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500  City State Zip Code Washington  DC 20004-2601  FEU IN name (Last, First, Middle Initial)  Bod Turner  Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500  City State Zip Code Washington  DC 20004-2601  FEC ID number of contributing federal political committee.  C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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Name of Employer America's Health Insurance Plans Receipt For:	Washington	DC 20004-2601	Amount of Each Receipt this Period
Plans Receipt For:		C	208.33
Full Name (Last, First, Middle Initial)  Name of Employer Aggregate Year-to-Date ▼    Primary	Name of Employer America's Health Insurance		7
Primary			-
Michael Tuffin  Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500  City State Zip Code Washington DC 20004-2601  FEC ID number of contributing federal political committee.  Cill Name (Last, First, Middle Initial) Rod Tumer  Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500  City State Zip Code Transaction ID: 270627-45  Amount of Each Receipt this Period  Cocupation Executive Vice President  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Rod Tumer  Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500  City State Zip Code Washington DC 20004-2601  FEC ID number of contributing federal political committee.  City Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Occupation Chief Actuary/Vice President, Product Aggregate Year-to-Date ▼  Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Substotal of Receipt This Page (optional)	Primary General	2499.96	
City State Zip Code Washington DC 20004-2601  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Quite South Building, Suite 500  City State Zip Code DC 20004-2601  Name (Last, First, Middle Initial) Rod Turner  Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500  City State Zip Code Washington DC 20004-2601  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Quite State Zip Code Transaction ID: 110611-46  Amount of Each Receipt Mode Northwest South Building, Suite 500  Transaction ID: 270627-45  Amount of Each Receipt This Period  Date of Receipt  Transaction ID: 110611-46  Amount of Each Receipt Mode Northwest South Building, Suite 500  Transaction ID: 270627-45  Amount of Each Receipt Mode Northwest South Building, Suite 500  Transaction ID: 270627-45  Amount of Each Receipt Mode Northwest South Building Northwest South Building Northwest South Building, Suite 500  Transaction ID: 270627-45  Amount of Each Receipt Mode Northwest South Building Northwest South	,	<b>-</b>	Date of Receipt
City State Zip Code  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General Other (specify) ▼  City State Zip Code  Washington  FEC ID number of contributing federal political committee.  Plans  Full Name (Last, First, Middle Initial)  Rod Turner  Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500  City State Zip Code  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General Occupation  Chief Actuary/Vice President, Product Aggregate Year-to-Date ▼  Chief Actuary/Vice President, Product Aggregate Year-to-Date ▼  Occupation  Chief Actuary/Vice President, Product Aggregate Year-to-Date ▼  Other (specify) ▼  Subtotal of Receipts This Page (optional)  Amount of Each Receipt this Period  458.33			
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial) Rod Turner  Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500  City State Zip Code Washington DC 20004-2601  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼  Substortal of Receipts This Page (optional)    Substortal of Receipts This Page (optional)     Aggregate Year-to-Date ▼  2499.96  Date of Receipt  M M M / D D D / 2 0 0 8  Transaction ID: 110611-46  Amount of Each Receipt this Period  411.67	<del>_</del>		Transaction ID: 270627-45
Name of Employer America's Health Insurance   Executive Vice President	Washington	DC 20004-2601	Amount of Each Receipt this Period
America's Health Insurance Plans Receipt For:    Primary   General     Other (specify) ▼		C	208.33
Receipt For:	America's Health Insurance		
Primary General Other (specify) ▼			
Mailing Address 601 Pennsylvania Avenue Northwest South Building, Suite 500  City State Zip Code Washington DC 20004-2601  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼  Substort Al General Substort Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Substort Al General Substort Aggregate Year-to-Date ▼  Substort Al General Substort Aggregate Year-to-Date ▼  Substort Al General Substort Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Substort Al General Substort Aggregate Year-to-Date ▼			
South Building, Suite 500  City State Zip Code Washington DC 20004-2601  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼  Subtotal of Receipts This Page (optional)  Of 15 2008  Transaction ID: 110611-46  Amount of Each Receipt this Period  Amount of Each Receipt this Period  41.67	,		Date of Receipt
Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  PC  20004-2601  Amount of Each Receipt this Period  41.67  Aggregate Year-to-Date ▼  41.67  Amount of Each Receipt this Period  41.67	o or romograma,		
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  A1.67  Occupation Chief Actuary/Vice President, Product  Aggregate Year-to-Date ▼  500.04  41.67	•	•	
Name of Employer America's Health Insurance Plans  Receipt For:  Primary  Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  Aggregate Year-to-Date  SUBTOTAL of Receipts This Page (optional)		DC 20004-2601	Amount of Each Receipt this Period
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Receipt For:  Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  Aggregate Year-to-Date ▼  500.04  458.33			t
Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)			
SOBTOTAL of Necepts This Page (optional)			
	SUBTOTAL of Receipts This Page (options	al)	458.33
TOTAL This Period (last page this line number only)		· · · · · · · · · · · · · · · · · · ·	

or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans Parallel Name (Last, First, Middle Initial)  Rod Turner  Mailing Address 601 Pennsylvania Ava South Building, Suite	venue Northwest	Date of Receipt
Rod Turner  Mailing Address 601 Pennsylvania Av		Date of Receipt
South building, Suite	900	0 6 3 0 2 0 0 8
City	State Zip Code	Transaction ID: 270627-46
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation Chief Actuary/Vice President, Product Aggregate Year-to-Date   500.04	
Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 107 Chocolay Downs	s Drive	Date of Receipt  0 6 1 5 2 0 0 8
City	State Zip Code	Transaction ID: 110611-47
Marquette	MI 49855-9542	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation Director, Federal Legislative Affairs  Aggregate Year-to-Date   540.00	<b>-</b>
Full Name (Last, First, Middle Initial) Mark Van Koevering		Date of Receipt
Mailing Address 107 Chocolay Downs	s Drive	06 30 2008
City	State Zip Code	Transaction ID: 270627-47
Marquette	MI 49855-9542	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer America's Health Insurance Plans	Occupation Director, Federal Legislative Affairs  Aggregate Year-to-Date ▼	
Receipt For:  Primary General  Other (specify) ▼		
SUBTOTAL of Receipts This Page (optional)		131.67

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 27 / 42 (check only one)
		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16
Any information copied from such Reports and or for commercial purposes, other than using to	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans P.	AC (AHIP PAC	3)	
Full Name (Last, First, Middle Initial)  Daniel Vigil			Date of Receipt
Mailing Address 601 Pennsylvania A South Building, Suite		est	M M / D D / Y Y Y Y Y O S S S S S S S S S S S S S S
City	State	Zip Code	Transaction ID: 110611-48
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer	Occupatio	n	-
America's Health Insurance Plans		Director, State Publications	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		375.00	1
Other (specify) ▼		070.00	
Full Name (Last, First, Middle Initial) Daniel Vigil	•		Date of Receipt
Mailing Address 601 Pennsylvania A South Building, Suite		est	06 30 7 9 9 9
City	State	Zip Code	Transaction ID: 270627-48
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans	Occupatio Deputy D	n Director, State Publications	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Paul Von Ebers			Date of Receipt
Mailing Address 26 Thomas Grv			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: dd5df79a102a4b1e
Pittsford	NY	14534-3066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1667.00
Name of Employer Lifetime Healthcare Compa- nies	Occupatio Executive	n e VP and COO	
Receipt For:	Aggregate	e Year-to-Date ▼	7
Primary General Other (specify) ▼		1667.00	]
SUBTOTAL of Receipts This Page (optional			1729.50

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 42 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans Pa	AC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Duane Wright			Date of Receipt
Mailing Address 601 Pennsylvania A South Building, Suite		est	06 15 7 9 9 9
City	State	Zip Code	Transaction ID: 110611-50
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance	Occupation		
Plans	Executive	e Director, Legislative Affair	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	750.00	
Full Name (Last, First, Middle Initial) Duane Wright			Date of Receipt
Mailing Address 601 Pennsylvania A South Building, Suite		est	06 / 30 / 4 4 4 4
City	State	Zip Code	Transaction ID: 270627-50
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director, Legislative Affair	
Receipt For:  Primary General  Other (specify) ♥	Aggregate	Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Robert Zirkelbach			Date of Receipt
Mailing Address 601 Pennsylvania A South Building, Suite		est	06 15 2008
City	State	Zip Code	Transaction ID: 110611-52
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupation Senior M	n anager, Media Relations	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		249.96	

SCHEDULE A (FEC Form 3X)			Llac concrete achadula(a)	FOR LINE NUMBER: PAGE 29 / 42								
	· ·		Use separate schedule(s) for each category of the	(check only one)								
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.								
$\overline{\ }$	NAME OF COMMITTEE (In Full)											
$\rangle$	Americas Health Insurance Plans PAC (	AHIP PAC	<del>;</del> )									
	Full Name (Last, First, Middle Initial) Robert Zirkelbach			Date of Receipt								
	Mailing Address 601 Pennsylvania Avenu South Building, Suite 50		est	06 30 7 2008								
	City	State	Zip Code	Transaction ID: 270627-52								
	Washington	DC	20004-2601	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		20.83								
	Name of Employer America's Health Insurance Plans	Occupation Senior M	n anager, Media Relations									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.96									

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	20.83
TOTAL This Period (last page this line number only)	<b>•</b>	13517.81

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS				FOR LINE NUMBER: PAGE 30 / 42								
			Use separate schedule(s) for each category of the Detailed Summary Page	(ched	ck only 11a 13	y on	ne) 11b 14	X	11c 15	$\rightarrow$	12 16	<b>1</b> 7
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for th solicit o	e purp contrib	ose	e of sol ons fro	icitir m sı	ng con uch co	tribut mmit	tions tee.	
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)											
/	Americas Health Insurance Plans PAC (A	AHIP PAC	)									
	Full Name (Last, First, Middle Initial) Health Net Incorporated Political Action Committee			D	ate of	Re	ceipt					
	Mailing Address 455 Capitol Mall Suite 80	)1			м м 0 6	′	D 1	8 8	/ Y		0 8	
	City	State	Zip Code	Tr	ransa	ctio	n ID: 4	41e	6e85	4079	9967	44679
	Sacramento	CA	95814	A	moun	t of	Each F	Rec	eipt thi	s Pe	riod	
	FEC ID number of contributing federal political committee.	C COO	0230789							500	0.00	
	Name of Employer	Occupation	1									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00									

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	5000.00
TOTAL This Period (last page this line number only)	<b>—</b>	5000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and State or for commercial purposes, other than using the received the state of the stat	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page  y not be sold or used by any perso	FOR LINE NUMBER: PAGE 31 / 42 (check only one)  11a 11b 11c 12 13 14 X 15 16 17  on for the purpose of soliciting contributions solicit contributions from such committee
	NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC  Full Name (Last, First, Middle Initial)			
A.	Citibank  Mailing Address 1101 Pennsylvania Ave 11th Floor	, NW		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City <u>Washington</u>	State DC	Zip Code 20004	Transaction ID: d2644ef1e7611a7e212  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		24.00
	Name of Employer	Occupatio	n	Reimbursement for Merchant Service Fees
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 777.88	
В.	Full Name (Last, First, Middle Initial) Citibank			Date of Receipt
	Mailing Address 1101 Pennsylvania Ave	, NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 44e00166bd87f95851d
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		84.72
	Name of Employer	Occupatio	n	Reimbursement of Merchant Service Fees
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 777.88	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	108.72
TOTAL This Period (last page this line number only)	<b>•</b>	108.72

	UEDOFE B	FEC Form	3X)	Use sepa	arate schedule(s)		OR LINE		R:	Р	AGE 3	2 / 42
ITI	EMIZED DISE	BURSEMEN'	TS		category of the Summary Page		check only 21b 27	22 28a	23 28b	24 280		25
	Information copied for commercial purpos											
$\overline{\ }$	NAME OF COMMIT Americas Health	TEE (In Full)			oo or arry portuoa							
	Full Name (Last, First Bank of America	st, Middle Initial)							action II	D: 5d19 sement	85e530	033142
	Mailing Address	730 15th Street	, NW					0 <sup>M</sup> 6	M / D	12 /	Ý Ž0	80
	City Washington		Sta D	ate C	Zip Code 20005			Amou	nt of Eac	h Disburs		
	Purpose of Disburse Wire Transfer Fee Candidate Name	ement				_	01 egory/				12	2.00
	Office Sought:  State:  D	House Senate President istrict:		ent For: Primary Other (spe	General ♥	Ту	уре					
	Full Name (Last, First Bank of America	st, Middle Initial)						Date o	of Disbur			
	Mailing Address 730 15th Street, NW Second Floor							0 <sup>M</sup> 6	M / D	27 /	žo	Ϋ́ 8 Ο̈́
	City Washington		Sta D	ate C	Zip Code 20005			Amou	nt of Eac	h Disburs		
	Purpose of Disburse Wire Transfer Fee Candidate Name	ement				Cate	01 egory/				12	2.00
	Office Sought:  State:  D	House Senate President istrict:	I —	ent For: Primary Other (spe	General <b>▼</b>	1)	уре					
	Full Name (Last, Firs Citibank	st, Middle Initial)						Date o	of Disbur			
		1101 Pennsylva 11th Floor	ania Ave, N\	W				0 <sup>M</sup> 6	M / D	04	Ý Ž0	0 8 °
	City Washington		Sta D	ate C	Zip Code 20004			Amou	nt of Eac	h Disburs		
	Purpose of Disbursement Merchant Service Fees Candidate Name			001 Category/ Type			egory/				3	3.06
	Office Sought:	House Senate President		ent For: Primary Other (spe	General ecify) ▼							
	State: D	istrict:										

A.

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5(	CHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 33 / 42
T	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check online)	y one) 22 23 24 25 26
			27	28a 28b 28c 29 30b
	y Information copied from such Reports and State or commercial purposes, other than using the na			, ,
$\overline{}$	NAME OF COMMITTEE (In Full)			
	Americas Health Insurance Plans PAC (	AHIP PAC)		
	Full Name (Last, First, Middle Initial)			Transaction ID: 7de1b2d8a4ec1bf3548
	Citibank			Date of Disbursement
				06 10 / Y Y Y Y Y Y
	Mailing Address 1101 Pennsylvania Ave 11th Floor	e, NW		06 10 2008
	City	State Zip Code		Amount of Each Disbursement this Period
	Washington	DC 20004		04.00
	Purpose of Disbursement	Ir	* * *	31.66
	Merchant Service Fee		001	
	Candidate Name	'	Category/ Type	
	Office Sought: House Disbur	sement For:	•	
	Senate	Primary General		
	President	Other (specify)		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)		31.66
GOBTOTAL of Disbursements This Fage (optional)		
TOTAL This Period (last page this line number only)	•	108.72

TEMPER RICHIROSMENTO	Use separate schedule(s) (check or	E NUMBER: PAGE 34 / 42 nly one)				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page 21b 27	22 X 23 24 25 2 28a 28b 28c 29 3				
Any Information copied from such Reports and State or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)						
Americas Health Insurance Plans PAC (A	HIP PAC)					
Full Name (Last, First, Middle Initial) Alamo Pac		Transaction ID: 02695-68642824888 Date of Disbursement				
Mailing Address 919 Congress Ave Suite Frost Bank Plaza	1400	06 06 7 30 7 2008				
City Austin	State Zip Code TX 78701	Amount of Each Disbursement this Period				
Purpose of Disbursement 2008 Contribution	011	2500.00				
Candidate Name	Category/ Type					
Senate President	ement For: 2008 Primary General  Other (specify)					
State: District: Contri  Full Name (Last, First, Middle Initial)  Boyd for Congress	Dution	Transaction ID: 59200-91245669126 Date of Disbursement				
Mailing Address PO Box 15703 PO Box 15703		M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Tallahassee	State Zip Code FL 32317	Amount of Each Disbursement this Period				
Purpose of Disbursement 3/14/08 Contribution Returned	011	-2500.00				
Candidate Name F. Allen Boyd, Jr.	Category/ Type					
9 17	ement For: 2008  Primary General  Other (specify)					
Full Name (Last, First, Middle Initial) For Americas Republican Majority Pac (F	ARM PAC)	Transaction ID: 53639-81193178892 Date of Disbursement				
Mailing Address 675 N Washington St. S	Suite 410	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
City Alexandria	State Zip Code VA 22314	Amount of Each Disbursement this Period				
Purpose of Disbursement 2008 Contribution	011	2500.00				
Candidate Name	Category/ Type					
Senate President	ement For: 2008 Primary General  Other (specify)					
State: District: Contri		0500.00				
SUBTOTAL of Disbursements This Page (optional	<b>&gt;</b>	2500.00				

	CHEDULE B (FEC Form 3X)		arate schedule(s)		NUMBER: PAGE 35 / 42
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check onl	y one)  22
	y Information copied from such Reports and S for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
<u></u>	Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln				Transaction ID: 85334-55935305356 Date of Disbursement
	Mailing Address PO Box 3197				06 06 7 030 7 2008
	City Little Rock	State AR	Zip Code 72203		Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary Contribution Candidate Name			011 Category/	1000.00
	Blanche Lambert Lincoln	oursement For:	2010	Type	
	X Senate President	X Primary Other (spe	General ecify) ▼		
	State: AR District:  Full Name (Last, First, Middle Initial)  Friends of Blanche Lincoln				Transaction ID: 85334-71610659360
	Mailing Address PO Box 3197				06 7 30 7 2008
	City Little Rock	State AR	Zip Code 72203		Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 General Contribution			011	1000.00
	Candidate Name Blanche Lambert Lincoln			Category/ Type	
	χ Senate President	oursement For: Primary Other (spe	2010  X General ecify)		
	State: AR District: Full Name (Last, First, Middle Initial)				Transaction ID: 85334-94211977720
	Friends of Erik Paulsen  Mailing Address PO Box 44369				Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	250 Prairie Center D		7: 0 1		
	City Eden Prairie	State MN	Zip Code 55344		Amount of Each Disbursement this Period
	Purpose of Disbursement 2008 Primary Contribution			011	1000.00
	Candidate Name Erik Paulsen			Category/ Type	
	Senate President	Dursement For:  X Primary  Other (spe	2008 General		
Г	State: MN District: 03				
					3000.00

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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	b 22 X 23 24 25 28a 28b 28c 29	20				
	y Information copied from such Reports and State for commercial purposes, other than using the name of the commercial purposes.									
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	HIP PAC)								
<u>/</u>	Full Name (Last, First, Middle Initial) Friends of John Barrasso				Transaction ID: 02695-6055719 Date of Disbursement					
	Mailing Address PO Box 52008				0 6 M / 3 0 / Y 2 0 0 8					
	City Casper	State Zip Code WY 82605			Amount of Each Disbursement this P					
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	Candidate Name John Barrasso		1	tegory/ Γype						
	X Senate President	ement For: 2008  Primary General Other (specify)	•							
	State: WY District: Full Name (Last, First, Middle Initial)				Transaction ID: 02695-2390558	1225				
	Friends of John Boehner				Date of Disbursement					
	Mailing Address 7908 Cincinnati Dayton Suite I2	Road			0 6 M / 3 0 / Y 2 0 0 8					
	City West Chester	State Zip Code OH 45069			Amount of Each Disbursement this P					
	Purpose of Disbursement 2008 General Contribution			011	1000.00	)				
	Candidate Name John A. Boehner			tegory/ Γype						
	Office Sought:  X House Senate President State: OH District: 08	ement For: 2008 Primary X General Other (specify)	•							
	Full Name (Last, First, Middle Initial) Hatch Election Committee Inc				Transaction ID: 85334-3686944 Date of Disbursement	8423				
	Mailing Address 175 South West Temple	Suite 650			06 06 7 030 7 2008	Y				
	City Salt Lake City	State Zip Code UT 84101			Amount of Each Disbursement this P	eriod				
	Purpose of Disbursement Clerical Error - Redesignation 2012 P			011	5000.00	)				
	Candidate Name Orrin G. Hatch		Ca	tegory/ Γype						
		ement For: 2012  ( Primary General Other (specify)	-							
	Otato. O1 District.				8000.00					

ITEMIZED DISBURSEMENTS		· Use sep	Use separate schedule(s) for each category of the		(check on		= NUMBER: PAGE 3// lly one)					· · · ·	ł2	
		Detailed	Summary Page			21b   27	22 28a		23 28b	24 28	c $\square$	25 29	2 3	
or f	Information copied from such Reports and or commercial purposes, other than using the NAME OF COMMITTEE (In Full)													
1 \	Americas Health Insurance Plans PA	AC (AHIP PAC)												
	Full Name (Last, First, Middle Initial)  John Shadeggs Friends						Date of		burse	8533 ement		752191 Ž 0 Ď 8		
	Mailing Address PO Box 45444						-							
	City Phoenix	State <b>AZ</b>	Zip Code 85064				Amou	nt of	Each	Disbur			-	
	Purpose of Disbursement 2008 Primary Contribution Candidate Name			Cat	)11	nrv/	L.		•		. 1	00.00	)	
	John Shadegg				ype									
	Office Sought:  X House Senate President State: AZ District: 03	visbursement For:  X Primary  Other (sp	2008 General ecify)											
	Full Name (Last, First, Middle Initial)						Trans	actio	n ID:	8533	34-96	20477	7557	
	Linder for Congress						Date of		burse	ement				
	Mailing Address PO Box 4026						0 6		3	0	2	ž o ŏ 8		
	City Duluth	State GA	Zip Code 30096				Amou	nt of	Each	Disbur				
	Purpose of Disbursement 2008 Primary Contribution				)11			-				00.00	,	
	Candidate Name John Linder			Cat T	ego	,								
	Office Sought:  X House Senate President State: GA District: 07	isbursement For:  X Primary  Other (sp	2008 General ecify)											
	Full Name (Last, First, Middle Initial) Marsha Blackburn for Congress Inc.						Date	of Dis	burse		34-71	52521	014	
	Mailing Address PO Box 682185						0 <sup>M</sup> 6	M /	<sup>D</sup> 3	0 /	Y 2	ž o ŏ 8	Y	
	City Franklin	State TN	Zip Code 37068				Amou	nt of	Each	Disbur			-	
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	Candidate Name Marsha Blackburn			Cat	ego									
	Senate President	X Primary Other (sp	2008 General ecify)											
	State: TN District: 07													

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-	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ĥ	21b 27	22 28a	X	23 28b	24 28		25 29	20
	y Information copied from such Reports and State for commercial purposes, other than using the nar											
Λ	NAME OF COMMITTEE (In Full)											
V	Americas Health Insurance Plans PAC (A	.HIP PAC)										
	Full Name (Last, First, Middle Initial) McConnell Senate Committee '08								: 0269 ement	95-12	63391	3755
	Mailing Address PO Box 1496						M /		0 /	Y	žοŏε	Y
	City	State Zip Code				Amou	unt of	Foob	Disbur			
	Louisville	KY 40201				AIIIOU	IIII OI	Eaci	DISDUI			
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	Candidate Name Mitch McConnell			ateg Typ	ory/ e							
	X Senate President	ement For: 2008 Primary X General Other (specify) ▼	1									
—	State: KY District: Full Name (Last, First, Middle Initial)					<b>T</b>		ID	F00	20.00	20000	2070
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	Mailing Address 116 S Royal Street					0 6	M /	D C	) <b>4</b>	Y 2	δ ο δ ε	, Y
	City Alexandria	State Zip Code VA 22314				Amou	int of	Each	Disbur			
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	Full Name (Last, First, Middle Initial) Paul Hodes for Congress							-	536; ement	39-27	92779	98032
	Mailing Address 26 South Main Street, #	253				0 <sup>M</sup> 6	M /	D C	) <b>4</b>	Y	žοŏε	Y
	City Concord	State Zip Code NH 03301				Amou	ınt of	Each	Disbur	semer	nt this F	Period
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	Candidate Name Paul W. Hodes			ateg Typ	ory/							
	, <u>, , , , , , , , , , , , , , , , , , </u>	ement For: 2008  Orimary General  Other (specify)										
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	y Information copied from such Reports and State for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	ne and address of any politica										•
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	Full Name (Last, First, Middle Initial) Prosperity Pac					Date		sburs	ement		358301	
	Mailing Address 1006 Pendleton Street					0 6			) <b>4</b>		žoós	3
	City Alexandria	State Zip Code VA 22314				Amou	int o	f Each	Disbu	ırseme	nt this F	Period
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	Office Sought: House Disburs Senate	ement For: 2008 Primary General Other (specify)		Тур								
	Full Name (Last, First, Middle Initial) Republican Majority Fund					Date of		sburs	ement		103222 Y	
	Mailing Address PO Box 144 Suite 300					0 6			) 4		ž o ŏ 8	3
	City Alexandria	State Zip Code VA 22313				Amou	int o	f Each	Disbu		nt this F	-
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	Candidate Name			ateg Typ	ory/ e							
	Senate	ement For: 2008 Primary General Other (specify)										
	Full Name (Last, First, Middle Initial) Rogers for Congress					Date	of D	sburs	ement		313104	
	Mailing Address PO Box 581 Post Office Box 581					0 <sup>M</sup> 6	М	<sup>D</sup> 3	3 O /	Y	ž o ŏ e	3 Y
	City Brighton	State Zip Code MI 48116				Amou	int o	f Each	Disbu	urseme	nt this F	Perio
	Purpose of Disbursement 2008 General Contribution			01	1	<u></u>		•		2	500.00	)
	Candidate Name Mike Rogers			ateg Typ	ory/ e							
	Office Sought:  X House Senate President State: MI District: 08	ement For: 2008 Primary X General Other (specify)	1									
	UBTOTAL of Disbursements This Page (optional)						_			10	500.00	

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	MIZED DIS	SBURSEMEN	ITS	for each	category of the Summary Page	(check or 21b 27	nly one)  22
							for the purpose of soliciting contributions solicit contributions from such committee
1 \	NAME OF COMM Americas Heal	MITTEE (In Full) th Insurance Plans	s PAC (AHI	P PAC)			
	Full Name (Last, Senate Majorit	First, Middle Initial) y Fund					Transaction ID: 02695-19872683286 Date of Disbursement
<u></u>	Mailing Address	PO Box 32025					0 6 M / D 3 0 / Y 2 0 0 8 Y
	City Phoenix			tate Z	Zip Code 85064		Amount of Each Disbursement this Period
2	Purpose of Disbu 2008 Contribution					011	2500.00
_	Candidate Name Office Sought:	House	Disbursem	ent For:	2008	Category/ Type	_
	omice dought.	Senate President	X	Primary Other (spe	General		
F	, ,	District: First, Middle Initial)	Contribut	ion			Transaction ID: 53639-65835207700
_	Mailing Address	bs Jones for Us C 3729 Silsby Ro					Date of Disbursement  O 6 M / O 4 / Y Y Y O N 8
	City University Heig	nhts		tate OH	Zip Code 44118		Amount of Each Disbursement this Period
F	Purpose of Disbu 2008 General Co	ırsement				011	3000.00
	-000 0.0						
Ō	Candidate Name Stephanie Tub	bs Jones				Category/ Type	
9	Candidate Name	bs Jones  X House Senate President		nent For: Primary Other (spe	2008  X General ecify)		
9	Candidate Name Stephanie Tub Office Sought: State: OH	X House Senate		Primary	X General		Transaction ID: 02695-2114068865
5 F	Candidate Name Stephanie Tub Office Sought: State: OH Full Name (Last, Texans for Ser	X House Senate President District: 11		Primary	X General		Date of Disbursement
5 F N	Candidate Name Stephanie Tub Office Sought: State: OH Full Name (Last, Texans for Ser Mailing Address	X House Senate President District: 11  First, Middle Initial)	Inc	Primary Other (spe	X General ecify) ▼		Date of Disbursement  O 6
6 S	Candidate Name Stephanie Tub Office Sought: State: OH Full Name (Last, Texans for Ser Mailing Address City Austin	X House Senate President District: 11  First, Middle Initial) nator John Cornyn  6850 Austin Ce Suite 180	Inc entre Blvd	Primary	X General		Date of Disbursement  M 6 M / D 3 D / Y 2 0 0 8 Y  Amount of Each Disbursement this Period
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\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Candidate Name Stephanie Tub Office Sought:  State: OH Full Name (Last, Texans for Ser Mailing Address City Austin Purpose of Disbu 2008 General Co Candidate Name John Cornyn	X House Senate President District: 11 First, Middle Initial) nator John Cornyn 6850 Austin Ce Suite 180	Inc entre Blvd	Primary Other (spe	X General ecify) ▼  Zip Code 78731	Туре	Date of Disbursement  O 6 M  Amount of Each Disbursement this Period
5 5 6 7 7 M M M M M M M M M M M M M M M M M	Candidate Name Stephanie Tub Office Sought: State: OH Full Name (Last, Texans for Ser Mailing Address City Austin Purpose of Disbu 2008 General Co Candidate Name	X House Senate President District: 11  First, Middle Initial) nator John Cornyn  6850 Austin Ce Suite 180	Inc entre Blvd Si	Primary Other (spe	X General ecify) ▼  Zip Code 78731  2008  X General	Type  011 Category/	Amount of Each Disbursement this Period

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	y Information copied from such Reports and Stor commercial purposes, other than using the	•		, , ,		•		
$\overline{\ }$	NAME OF COMMITTEE (In Full)							
$\rangle$	Americas Health Insurance Plans PA	C (AHIP PAC)						
	Full Name (Last, First, Middle Initial)				Transaction II	<b>D:</b> 02695-43	395632505	<u>—</u> 541
	Wicker for Senate				Date of Disburs			
	Mailing Address PO Box 64				06 / 0	30 / Y 2	0 0 8	
	City		ip Code		Amount of Eac	h Disbursemen	t this Period	
	Jackson	MS 3	39205			0.5	500.00	1
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	Candidate Name Roger F. Wicker			Category/ Type				
		sbursement For:	2008	туре				
	x Senate	Primary	X General					
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SUBTOTAL of Disbursements This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	<u> </u>	48000.00

### Image# 29932048374

Form/Schedule: **F3XA**Transaction ID:

The Amended July Monthly Report (6/1/08 through 6/30/08) is being filed to correct the Hatch Election Committee Inc. contribution dated 6/30/08 that was erroneously designated to the 2008 Primary Election. The contribution has been redesignated to the 2012 Primary Election on Schedule B supporting Line 23. Please note that the PAC is aware that it may disclose payroll receipts by disclosing a single total for the reporting period along with the amount deducted per pay period for each contributor. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately, pursuant to 11 CFR 104.8(b), more accurately discloses how the receipts are collected.